DOCUMENT RESUME

ED 255 812 CG 018 144

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TITLE The Perception of Empathy in Alcoholism Counselors.
PUB DATE Mar 84
NOTE 10p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (Las Vegas, NV, April 25-28, 1984).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcoholism; *Counselor Characteristics; Counselor Client Relationship; Counselor Evaluation; Drinking; *Empathy; Identification (Psychology); *Rehabilitation Counseling

ABSTRACT

Because it is often assumed that some similarity in background helps to enhance empathy, recovering alcoholics are sometimes encouraged to become counselors. Theoretically, the recovered alcoholic's drinking history gives him something in common with his alcoholic clients, thus enhancing the therapist's empathic posture. Detoxified clients (N=42) of alcohol rehabilitation centers were randomly assigned to two groups. Before viewing a 15-minute videotape of a simulated alcohol counseling session, both groups were given a description of the videotaped psychotherapist's credentials. One group was told that he was a recovering alcoholic while this information was omitted from the second group's description. Following the videotape viewing, subjects completed a modified version of the Barrett-Leonard Relationship Inventory (BLRI). No statistically significant differences between group means on the empathy subscale of the BLRI were found. This finding did not support the contention that a counselor's history of drinking and rehabilitation enhances the perception of counselor empathy among alcoholics. (Author/NRB)

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The Perception of Empathy in Alcoholism Counselors

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Running Head: EMPATHY AND ALCOHOLISM COUNSELORS

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Abstract Alcoholic inpatient clients evaluated the level of empathy demonstrated by a purported alcohol counselor. Forty-two detoxified clients viewed a 15 minute videotape of a simulated alcohol counseling session. Subjects had been randomly assigned to one of two groups: Group I was told that the counselor they were about to see was a "recovering alcoholic" whose empathy they were to evaluate. The subjects in Group II were given the same instructions; however, the information concerning counselor's drinking history was omitted. A form of the Barrett-Leonard Relationship Inventory (BLRI) was administered immediately after the viewing. No statistical differences between group means on the empathy subscale of the BLRI were found. This finding does not support the contention that a history of drinking and rehabilitation enhances the perception of counselor empathy among alcoholics.

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Introduction

The history of psychotherapy is fraught with studies that have attempted to determine which variables are most likely to produce positive therapeutic outcomes. However, empathy between therapist and client has usually been assumed to play an important, if not critical, role in psychotherapy. Rogers (1975) considered empathy to be a process variable that is the sine qua non of the therapeutic relationship, and Luborsky, Singer, and Luborsky (1975) in a landmark review of outcome literature found evidence that therapist empathy is related to positive outcome. Given its importance, it's surprising that more is not known about the factors that produce empathy. It has been assumed that some similarity in background helps to enhance empathy. For example, recovering alcoholics are sometimes encouraged to become counselors; theoretically, the recovered alcoholic's drinking history is thought to give him or her something in common with his clients, thus enhancing the therapist's empathic posture. Although prevalent, this assumption has remained untested. This study investigated the hypothesis that alcoholism counselors who were known to be recovering alcoholics would be perceived by clients as more empathic than their nonalcoholic counselor counterparts.

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Method

Subjects. The subjects were 42 detoxified residents of alcohol rehabilitation centers in the midwest and south who participated voluntarily in the study. The sample consisted of 32 men and 9 women (one subject did not disclose his/her gender). The mean age was 35.7 years; the age range was 19-52 years.

Materials. The experimenters produced a 15 minute videotape in which they realistically role-played the participants in a plausible alcohol counseling session. The content of the videotape concerned the psychological and behavioral aspects of the purported client's dependency on alcohol as these were expressed in family and work-related friction. The videotape was shot in black and whie; the client's back was to the camera. There were no changes in camera angle or the len's focal length during the entire videotape.

Procedure. The subjects were randomly assigned to one of two groups. In one group, the experimenter described some of the qualifications of the psychotherapist whose counseling was about to be viewed. Included in these credentials was a statement describing the psychotherapist as a recovering alcoholic. In the second group, this statement was omitted from the description of credentials. All subjects were told to pay careful attention to the empathy shown by the counselor. The meaning of this term was briefly discussed. Subjects watched the videotape in groups 5-8 people. Immediately after the videotape was shown, all subjects filled out a modified form of the Barrett-Lennard Relationship Inventory (BLRI). All subjects were then debriefed.

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Results

The BLRI consists of four subscales (Empathy, Level of Regard, Unconditionality, and Congruence) which can be summed to assess the overall quality of the rapport in a psychotherapeutic relationship. Our modified form consisted of the 16 item empathy subscale (maximum empathy score = 48) and 4 items chosen randomly from each of the other three subscales (maximum overall score = 84). The mean overall score of the group who was told that the counselor was an alcoholic was 41.76 (s.d. = 10.8); the mean overall score of the group who was not told this was 47.85 (s.d. = 12.46). The difference between these means is not significant, $t(40) = 1.43$. The mean Empathy score of the "alcoholic counselor" group was 23.33 (s.d. = 10.8); the mean empathy score of the "nonalcoholic counselor" group was 27.14 (s.d. = 9.66). The difference between these means is not significant, $t(40) = 1.2$.

The power (ie, 1-B) of these statistical tests can be assessed using a formula from Scheffe' (1959). Using this formula involves an assumption concerning the true size of the difference between the means. We assumed that the true differences between parameters were equal to the observed differences between sample means. Based on this assumption, the power of the t test on the overall mean difference is .28; the power of the t test on the empathy difference is .21.

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Discussion

The results of this investigation do not corroborate the assumption that the recovering alcoholic is perceived as more empathic (ie, more understanding as the result of previous alcohol dependence) than a counselor who had not had pathologic experience with alcohol. The implication of this finding may be far-reaching in light of the recent shortage of competent personnel in the alcohol counseling field and the philosophical base which has led to the solicitation and training of recovering alcoholics as paraprofessional counselors (Blocker, 1977). Such a strategy may indeed work: Armor, Polich, and Stambul (1976) found that professional and paraprofessional (ie, recovering alcoholic) counselors do not differ in terms of alcoholism counseling outcome. However, there has not been any systematic effort to determine which variables account for Armor's finding. Moreover, our study indicates that the paraprofessional counselors do not make up for any possible shortcomings in counseling technique by eliciting greater perceptions of empathy from the clients. This study suggests that counselor empathy may not be simply an outcome of similar therapist/client pathologic experiences and that the selection of counselors for an empathic base might be framed more effectively on other measures of affective sensitivity.

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Acknowledgments

The authors wish to thank the administration and clients of the Hour House, Charleston, Illinois, who graciously cooperated in the completion of the study.

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